



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR WSD-1.390 COMPLAINT FORM

Chapter 390, Child Labor Law

Instructions

Please completely fill out the WSD-1.390 Complaint Form.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

If we do not receive the required forms, the processing of your complaint may be delayed. You may include copies of any documents, records, pay statements, check, etc. to support your complaint.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Wage Standards Division

Oahu	Hilo	West Hawaii
Princess Keelikolani Building, 830 Punchbowl Street, Rm. 340, Honolulu, HI 96813 Phone: (808) 586-8777	State Building, Rm. 108, Hilo, HI 96720 Phone: (808) 974-6464	Post Office Building, P.O. Box 49, Kealahou, HI 96750 Phone: (808) 322-4808
Kauai	Maui	
3060 Eiwa Street, Rm. 202, Lihue, HI 96766 Phone: (808) 274-3351	2264 Aupuni Street, Wailuku, HI 96793 Phone: (808) 984-2075	



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

WSD-1.390 COMPLAINT FORM

Chapter 390, Child Labor Law

COMPLAINT

Please print or type:

Complainant Information

1. Name (Last, First, Middle Initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		2. Social Security Number	
3. Address		City	State Zip Code
4. Phone ()	Cell Phone ()		
5. Type of Work Performed			
6. Employment Status <input type="checkbox"/> Current Employee of Employer Named Below <input type="checkbox"/> Quit <input type="checkbox"/> Discharged			
7. If No Longer Employed, Reason			
8. Date(s)/Period of Employment		From	To
9. Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Union:			

Employer Information

10. Business Name			
11. Address		City	State Zip Code
12. Phone ()	Fax ()		
13. Name and Title of Owner or Person in Charge			
14. Nature of Business			

FOR OFFICE USE ONLY		Law				
Date Received		ICB				
		CS				
Taken by		DOL#:	IS1	IS2		
	H K M WH		HB		No.	

WSD-1.390 COMPLAINT FORM

Page 2 of 2

Statement of Facts (Briefly explain pertinent facts of the alleged violation):

1. Birth date and/or age of minor(s):

2. Name of parent or guardian (if known):

3. Address of minor (if known):

4. Occupation of minor:

I swear or affirm that I have read this complaint, and that the information and statements are true to the best of my knowledge and belief. I authorize the Director of Labor and Industrial Relations or a departmental representative to collect and receive, on my behalf, payments made on my claim.

Date: _____

Signature of Complainant: _____

☐ *Check if under 18 years old*